



You are the expert on your child! We need your help to make their time in the baby room fabulous. Following is a list of questions that will help us get to know your baby much better before we embark on the journey of caring for their needs each day. Please fill it out before their first day, and feel free to add anything that you feel isn't addressed here. THANKS!

| Child's Name | Date of Birth | Age |
|-----------------------------------|---|--|
| What do you normally call your | child? | |
| | eact to new situations? (shyness, runs ri | ght in, cries, |
| | | |
| | tterns like? (picky, bottles only, just start | ing food, eats all the time, unpredictable, |
| | | |
| | g? If so, how do they react and what action | on would you like us to take if they |
| | by to sleep? (stuffed animal, pacifier, blan | nket, rocking, stories, etc.) What are their |
| | | |
| | | |
| What is your child's favorite sle | ep position? | |
| | | |

| What are one or two things you'd like your child to get from his/her experience in the baby room? |
|--|
| Giraffe Laugh Early Learning Centers |
| Does your child get diaper rash very easily? What do you use if they do? How often do you change them? |
| Is there anything you are working on at home that you would like us to work on at school? (weaning from bottle, not using a pacifier, eating solids, etc.) |
| How do you comfort your child when they are upset?(copy of crying plan) |
| What are your child's favorite pastimes? |
| Does your child speak baby sign language? If so, what words do they know? |
| Does; your child speak any words? If so, what are they and what do they sound like (maybe they are trying to say something we should understand!) |
| How does your child behave when they are tired? |
| How does your child behave when they are hungry? |



| Do you have any ethnic/cultural/religious practices or restrictions you would like us to be aware of if so would you be willing to share your cultural practices with the children and teachers through curriculum? | | |
|---|--|--|
| Please feel free to use the below space to write out their regular schedule during the school time hours. This will help us better predict their needs while they are here. THANKS! | | |
| My Child's Day: | | |
| 6:00 a.m. | | |
| 7:00 | | |
| 7:30 We Open | | |
| 8:00 | | |
| 9:00 | | |
| 10:00 | | |
| 11:00 | | |
| 12:00 | | |
| 1:00 p.m. | | |
| 2:00 | | |
| 3:00 | | |
| 4:00 | | |
| 5:00 | | |
| 5:30 We Close | | |
| 6:00 | | |

7:00

8:00

9:00

10:00

Night time activity: